

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Michael Lee Rose

DEFENDANT

Attorney General

SERVE

COURT CASE NUMBER

CIV-NO.-06-370-JJF

TYPE OF PROCESS

Civil Rights Action

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

820 N. FRENCH STREET, WIL DEL 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Michael Rose

047880

Delaware Correctional Center

1181 Padlock Rd Smyrna Del 19971

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

4

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

U.S. DISTRICT COURT
DISTRICT OF DELAWAREFILED
SEP - 7 AM 9:10

Signature of Attorney or other Originator requesting service on behalf of:

Michael Rose

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

8/4/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. 15

District to Serve

No. 15

Signature of Authorized USMS Deputy or Clerk

BP

Date

9-1-06

I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LEITH BRADY, ATT SOLICITOR

Address (complete only if different than shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

9-6-06

am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
4500			4500			

REMARKS: